

December 30, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-0279-01-SS

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in neurosurgery. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 56 year-old male who sustained a work related injury on ___. The patient reports being pinned against a machine by his partner. The patient has presented with lumbar stenosis, low back pain, and lower extremity radiculopathy. The patient had a myelogram/CT scan of the cervical area and a MRI of the cervical spine in 1992. The patient has been treated with oral medications and undergone a bilateral total L3-L5 laminectomy and bilateral medial facetectomy and foraminotomy at L3/4 and L5-S1.

Requested Services

Arthrodesis, cervical below C2, anterior tech. minimal discectomy.

Decision

The Carrier's denial of authorization and coverage for the requested services is upheld.

Rationale/Basis for Decision

___ physician reviewer has determined that after a review of the medical records provided, the arthrodesis, cervical below C2, anterior tech. minimal discectomy is not medically necessary to treat this patient's condition. ___ physician reviewer noted that the patient had presented with lumbar stenosis, low back pain, and lower extremity radiculopathy. ___ physician reviewer also noted the patient underwent a bilateral total L3-L5 laminectomy and bilateral medial facetectomy and foraminotomy at L3/4 and L5-S1. ___ physician reviewer explained that the medical records provided did not demonstrate criteria of symptomatology necessitating the proposed surgery. (Charles Clark et al, Cervical Spine; 1995). Therefore, ___ physician reviewer concluded that

the arthrodesis, cervical below C2, anterior tech. minimal discectomy in not medically necessary to treat this patient's condition.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,